## MARRIAGE LICENSE SUPPLEMENTAL



| State of Washington<br>County of Snohomish   |                                      |                                |              |  |
|--|--------------------------------------|--------------------------------|--------------|--|
| Affidavit of G   | uardian                              |                                |              |  |
|  |                                      |                                |              |  |
| The undersigned, being first duly sworn, deposes as follow   | s: I am the Parent Legal Guardian of |                                |              |  |
| who is   | years of age                         | and I am giving my co          | onsent to    |  |
| Applicant Name (Must Print Legal Name in Full)   |                                      |                                |              |  |
| his/her marriage to  | and that the in                      | formation is true and          | accurate.    |  |
| ○ Birth Certificate ○ Family Court Waiver  | O Legal Guardiansl                   | nip Documents                  |              |  |
| Present Address  | 20                                   |                                |              |  |
| (Street Address - No PO Boxes)   | City                                 | State                          | Zip          |  |
| Previous Address (Past 6 Months)   |                                      |                                |              |  |
| Subscribed to and sworn before me thisday  | City                                 | State                          | Zip          |  |
| *_   |                                      |                                |              |  |
| of   |                                      |                                |              |  |
| Deputy Auditor / Notary Public   | Parent / Guardian Signature          |                                |              |  |
| Deputy Additor / Notary Public   | USE BLACK                            | USE BLACK INK ONLY             |              |  |
| State of Washington<br>County of Snohomish   |                                      |                                |              |  |
| Affidavit of Tra   | anslator                             |                                |              |  |
| The undersigned, being first duly sworn, deposes as follows: I have and that the information as true and accurate. | translated for the O Male            | Applicant O Fema               | le Applicant |  |
| Applicant Name (Must Print   | Legal Name in Full)                  |                                |              |  |
|  |                                      |                                |              |  |
| Translator's Name (Must Print Legal Name in Full)  | Translator's Sig                     | nature                         |              |  |
|  |                                      |                                |              |  |
| Present Address(Street Address - No PO Boxes)  | City                                 | State                          | Zip          |  |
|  |                                      |                                |              |  |
| Previous Address (Past 6 Months)   | City                                 | State                          | Zip          |  |
|  | 9.13                                 | Otato                          | season.      |  |
| Subscribed to and sworn before me thisday of   | Danuby Auditor I                     | Deputy Auditor / Notary Public |              |  |
|  | Deputy Additor /                     | Deputy Auditor / Notary Public |              |  |
|  | USE BLACK                            | INK ONLY                       |              |  |
|  |                                      |                                |              |  |